

Case Number:	CM14-0036495		
Date Assigned:	06/25/2014	Date of Injury:	07/02/2010
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a woman with history of hypertension, Irritable bowel syndrome (IBS), obstructive sleep apnea and GERD with a work related injury dated 7/2/10 resulting in chronic pain. Approved diagnosis include gastritis and IBS. The injured worker had a right TKR 12/09/13. She is followed by a primary Physical Medicine and Rehab (PMR) physician who has requested approval for a consultation with Internal medicine regarding gastritis, sleep problems and hypertension. The injured worker was seen and evaluated on multiple dates including 2/11/14. She complains of difficulty sleeping with a history of OSA but she doesn't have a CPAP machine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Internal Medicine Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health. In this case the injured worker suffers from sleep disruption and gastritis. She has a history of IBS, GERD and obstructive sleep apnea. These medical conditions are generally managed by an internal medicine physician and a consultation is medically necessary.